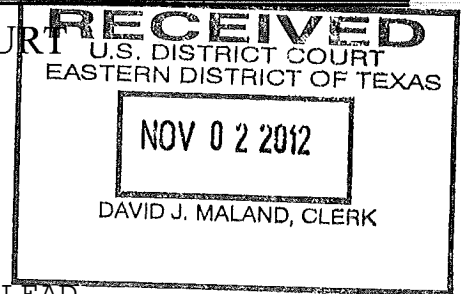


AO 440 (Rev. 06/12) Summons in a Civil Action

UNITED STATES DISTRICT COURT

for the

Eastern District of Texas



Blue Spike, LLC

Plaintiff(s)

v.

Rovi Corporation, et al

Defendant(s)

6:12CV499 LEAD

CONSOLIDATED WITH
Civil Action No. 6:12-CV-577-LED

SUMMONS IN A CIVIL ACTION

To: *(Defendant's name and address)* Rovi Corporation
Corporation Service Company
2711 Centerville Road, Suite 400
Wilmington, Delaware 19808

A lawsuit has been filed against you.

Within 21 days after service of this summons on you (not counting the day you received it) — or 60 days if you are the United States or a United States agency, or an officer or employee of the United States described in Fed. R. Civ. P. 12 (a)(2) or (3) — you must serve on the plaintiff an answer to the attached complaint or a motion under Rule 12 of the Federal Rules of Civil Procedure. The answer or motion must be served on the plaintiff or plaintiff's attorney, whose name and address are: Eric M. Albritton
ALBRITTON LAW FIRM
P.O. Box 2649
Longview, Texas 75606

If you fail to respond, judgment by default will be entered against you for the relief demanded in the complaint. You also must file your answer or motion with the court.

Date: 9/24/12



CLERK OF COURT

David Maland

Signature of Clerk or Deputy Clerk

AO 440 (Rev. 06/12) Summons in a Civil Action (Page 2)

Civil Action No. 6:12-CV-577-LED

(This section should not be filed with the court unless required by Fed. R. Civ. P. 4 (l))

This summons for (name of individual and title, if any) Rovi Corporation
 was received by me on (date) 10/01/2012.

☐ I personally served the summons on the individual at (place) _____
 _____ on (date) _____; or

☐ I left the summons at the individual's residence or usual place of abode with (name) _____
 _____, a person of suitable age and discretion who resides there,
 on (date) _____, and mailed a copy to the individual's last known address; or

☐ I served the summons on (name of individual) _____, who is
 designated by law to accept service of process on behalf of (name of organization) _____
 _____ on (date) _____; or

☐ I returned the summons unexecuted because _____; or

☒ Other (specify): Certified mail, return receipt requested
7008 0500 0001 1806 1562

My fees are \$ _____ for travel and \$ _____ for services, for a total of \$ 0.00.

I declare under penalty of perjury that this information is true.

Date: 10/08/2012

April M. Hall
 Server's signature
April M. Hall
 Printed name and title

111 West Tyler, Longview, Tx. 75601
 Server's address

Additional information regarding attempted service, etc:

U.S. Postal Service™ *BS-ROVI*
CERTIFIED MAIL™ RECEIPT
(Domestic Mail Only; No Insurance Coverage Provided)

For delivery information visit our website at www.usps.com

OFFICIAL USE

Postage	\$	\$5.65
Certified Fee		\$2.95
Return Receipt Fee (Endorsement Required)		\$2.35
Restricted Delivery Fee (Endorsement Required)		\$0.00
Total Postage & Fees	\$	\$10.95

Rovi Corporation

Sent To **Corporation Service Company**

Street, Apt. No. or PO Box No. **2711 Centerville Road, Suite 400**

City, State **Wilmington, Delaware 19808**

PS Form 3800, August 2006 See Reverse for Instructions

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none"> Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. 	<p>A. Signature <i>P. Buckley</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) _____ C. Date of Delivery _____</p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If YES, enter delivery address below: _____</p>
<p>1. Article Addressed to:</p> <p>Rovi Corporation Corporation Service Company 2711 Centerville Road, Suite 400 Wilmington, Delaware 19808</p>	<p>3. Service Type</p> <p><input type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail</p> <p><input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise</p> <p><input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.</p>
<p>2. Article Number (Transfer from service) 7008 0500 0001 1806 1562</p>	<p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>

PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540

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YOUR LABEL NUMBER	SERVICE	STATUS OF YOUR ITEM	DATE & TIME	LOCATION	FEATURES
70080500000118061739	Priority Mail®	Delivered	October 01, 2012, 9:20 am	WILMINGTON, DE 19808	Expected Delivery By: October 1, 2012
					Certified Mail™
					Return Receipt
		Arrival at Unit	October 01, 2012, 7:54 am	WILMINGTON, DE 19808	
		Processed at USPS Origin Sort Facility	October 01, 2012, 5:14 am	WILMINGTON, DE 19850	
		Dispatched to Sort Facility	September 28, 2012, 4:05 pm	LONGVIEW, TX 75601	
		Acceptance	September 28, 2012, 11:15 am	LONGVIEW, TX 75601	

Check on Another Item

What's your label (or receipt) number?

70080500000118061753

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